

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT codes 22830, 15734, and 15750.
- b. The request was received on April 29, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on June 18, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on June 19, 2002. The response from the insurance carrier was received in the Division on July 1, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated April 29, 2002 that...
"...This is a fee dispute for DOS 02-05-02 primary surgeons bill(____) carrier has denied payment for 22830, 15734 & 15570 as global to the primary procedure which is 63042.
1. Per the 94 GSD book not one of these 3 denied codes are global to the primary procedure. 2. Bills must be paid by the 96 MFG & rules. Op report & op records attached. We billed for skin & muscle flaps not wound closure. Please resolve per the

rule and guidelines. 22830 is an exploration of fusion mass. 63042 is a re exploration of a lamin, foram, etc. previously done. These 2 procedures are completely separate.”

2. Respondent: The respondent states in correspondence dated may 5, 2002 that... “...CPT 22830 (Exploration of Spinal Fusion) was denied as global to CPT 63042. Per the CPT book CPT 63042 represents, ‘Laminotomy... including partial facetectomy...re-exploration, lumbar. This code includes the re-exploration. The exploration is also global per the American Academy of Orthopaedic Surgeons – Global Service Data Handbook, 1994 edition in the description of the procedure code 63042 on page 327... CPT 15734 represents a muscle, myocutaneous, or faciocutaneous flap; truck in the CPT book. CPT 15734 was denied as global per the American Academy of Orthopaedic Surgeons – Global Service Data Handbook, 1994 edition, V.#9... CPT 15570 (Formatio of Directo ro Rubed Pedicle Trunk) was denied as global per the 1994 American Academy of Orthopaedic Surgeons – Global Service Data Handbook, 1994 edition, pg. V. #9... Based on the re-review, ___ does not feel the provider is due any further reimbursement...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is February 5, 2002.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/05/02	22830	\$3500.00	\$0.00	G	\$1,669.00 (50% of the MAR value)	MFG, SGR(I)(D)(b) GSD for Orthopaedic Surgery	Based upon the CPT descriptor, operative report and the 1994 GSDH, 22830 is not global to 63042. Operative report supports services were rendered as billed. Therefore, reimbursement in the amount of \$1,669.00 is recommended.
02/05/02	15734	\$1950.00	\$0.00	G	\$961.00 (50% of the MAR value)	MFG, SGR(I)(D)(b) GSD for Orthopaedic Surgery	CPT code listed is not global to the primary procedure code of 63042. Per operative report services were rendered as billed. Therefore, reimbursement in the amount of \$961.00 is recommended.

02/05/02	15570	\$1200.00	\$0.00	G	\$506.00 (50% of the MAR value)	MFG, SGR(I)(D)(b) GSD for Orthopaedic Surgery	CPT code listed is not global to the primary procedure code of 63042. Per operative report services were rendered as billed. Therefore, reimbursement in the amount of \$506.00 is recommended.
Totals		\$6,650.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$3,136.00.

The above Findings and Decision are hereby issued this 3rd day of March 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$3,316.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 3rd day of March 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mf